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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|---------------------------|
| Application Number | 10/540,478 |
| Filing Date | June 23, 2005 |
| First Named Inventor | Nils Erik HOLMERTZ et al. |
| Art Unit | 3644 |
| Examiner Name | Trinh Nguyen |
| Attorney Docket Number | 19200-000049/US |

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | - REPLY UNDER 37 C.F.R. § 1.111 |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

MAILSTOP: AMENDMENT

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|----------------------------------|----------|--------|
| Firm Name | Harness, Dickey & Pierce, P.L.C. | | |
| Signature | | | |
| Printed name | John A. Castellano | | |
| Date | January 30, 2009 | Reg. No. | 35,094 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|--|------------------------|--|
| Typed or printed name | | Express Mail Label No. | |
| Signature | | Date | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**FEE TRANSMITTAL
for FY 2009**

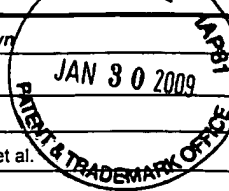
Effective 2/8/2006. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 130

Complete if Known

| | |
|----------------------|---------------------------|
| Application Number | 10/540,478 |
| Filing Date | June 23, 2005 |
| First Named Inventor | Nils Erik HOLMERTZ et al. |
| Examiner Name | Trinh Nguyen |
| Art Unit | 3644 |
| Attorney Docket No. | 19200-000049/US |

JAN 30 2009

**METHOD OF PAYMENT (check all that apply)**
☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:
 Deposit Account Number
08-0750

 Deposit Account Name

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|------------------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1011 | 330 | 2011 | 165 | Utility filing fee | |
| 1012 | 220 | 2012 | 110 | Design filing fee | |
| 1013 | 220 | 2013 | 110 | Plant filing fee | |
| 1014 | 330 | 2014 | 165 | Reissue filing fee | |
| 1005 | 220 | 2005 | 110 | Provisional filing fee | |
| SUBTOTAL (1) | | | | | (\$0) |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| | | | | | | | | |
|--------------------|----|--------|---|----|---|--|---|---|
| Total Claims | 38 | -28 ** | = | 10 | X | | = | 0 |
| Independent Claims | 2 | -3 ** | = | 0 | X | | = | 0 |
| Multiple Dependent | | | | | | | = | 0 |

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1202 | 52 | 2202 | 26 | Claims in excess of 20 | |
| 1201 | 220 | 2201 | 110 | Independent claims in excess of 3 | |
| 1203 | 390 | 2203 | 195 | Multiple dependent claim, if not paid | |
| 1204 | 220 | 2204 | 110 | ** Reissue independent claims over original patent | |
| 1205 | 52 | 2205 | 26 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | | | (\$0) |

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|----------|----------|----------|----------|--|----------|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 1053 | 130 | 1053 | 130 | Non-English specification | |
| 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination | |
| 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 | 130 | 2251 | 65 | Extension for reply within first month | 130 |
| 1252 | 490 | 2252 | 245 | Extension for reply within second month | |
| 1253 | 1,110 | 2253 | 555 | Extension for reply within third month | |
| 1254 | 1,730 | 2254 | 865 | Extension for reply within fourth month | |
| 1255 | 2,350 | 2255 | 1,175 | Extension for reply within fifth month | |
| 1401 | 540 | 2401 | 270 | Notice of Appeal | |
| 1402 | 540 | 2402 | 270 | Filing a brief in support of an appeal | |
| 1403 | 1,080 | 2403 | 540 | Request for oral hearing | |
| 1452 | 540 | 2452 | 270 | Petition to revive - unavoidable | |
| 1453 | 1,620 | 2453 | 810 | Petition to revive - unintentional | |
| 1462 | 400 | 1462 | 400 | Petition fee under 37 CFR 1.17(f) | |
| 1463 | 200 | 1463 | 200 | Petition fee under 37 CFR 1.17(g) | |
| 1464 | 130 | 1464 | 130 | Petition fee under 37 CFR 1.17(h) | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 810 | 2809 | 405 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 810 | 2810 | 405 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 1801 | 810 | 2801 | 405 | Request for Continued Examination (RCE) | |

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$130)

4. SEARCH/EXAMINATION FEES

| | | | | | |
|--------------|-----|------|-----|-------------------------|-------|
| 1111 | 540 | 2111 | 270 | Utility Search Fee | |
| 1112 | 100 | 2112 | 50 | Design Search Fee | |
| 1113 | 330 | 2113 | 165 | Plant Search Fee | |
| 1114 | 540 | 2114 | 270 | Reissue Search Fee | |
| 1311 | 220 | 2311 | 110 | Utility Examination Fee | |
| 1312 | 140 | 2312 | 70 | Design Examination Fee | |
| 1313 | 170 | 2313 | 85 | Plant Examination Fee | |
| 1314 | 650 | 2314 | 325 | Reissue Examination Fee | |
| SUBTOTAL (4) | | | | | (\$0) |

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|--------------------|-----------------------------------|--------|-----------|------------------|
| Name (Print/Type) | John A. Castellano | Registration No. (Attorney/Agent) | 35,094 | Telephone | 703-668-8000 |
| Signature | | | | Date | January 30, 2009 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/540,478 Art Unit: 3644
Filing Date: June 23, 2005 Examiner: Trinh Nguyen
Applicant: Nils Erik HOLMERTZ et al. Conf.: 2985
Title: METHOD AND APPARATUS FOR COUNTING
SOMATIC CELLS OF FAT DROPLETS IN MILK

Attorney Docket: 19200-000049/US

Customer Service Window
Randolph Building
401 Dulany Street
Alexandria, VA 22314
Mail Stop Amendment

January 30, 2009

REPLY UNDER 37 C.F.R. § 1.111

Sir or Madam:

In response to the Office Action mailed September 30, 2008, the due date having been extended one (1) month to January 30, 2009, the following remarks are respectfully submitted in connection with the above-identified application.

Listing of the Claims begin on page 2 of this Amendment.

Remarks begin on page 12 of this Amendment.

02/02/2009 FROHMANE 00000044 10540478

| | Claims remaining after Amendment | | Highest number previously paid for | | Present extra |
|--------------------|-------------------------------------|---|---------------------------------------|---|------------------|
| Total | 38 | - | 38 | = | 0 |
| Independent | 2 | - | 3 | = | 0 |

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